

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 11/22/2004		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 11/24/2004					
		FINANCIAL PAYER: NCDMM					
						TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
						FINALIZED	PAID
3404901	SMOXY MOUNTAIN H/DD/SAS	8505	3278	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8599	184	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	72	3756	3924
							168
		8800	106	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			
3404902	BLUE RIDGE COMM UNITY	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404904	WESTERN HIGHLAN DS LME	8517	99	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM			
		8518	58	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	0	206	561
							355
		21	18	DUPLICATE OF CLAIM-SYSTEM			
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404910	PATHWAYS	24	3627	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI			
		11	184	CLIENT NOT ELIGIBLE ON SERVICE DATE	10	4086	8293
							4207
		8599	171	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404912	CATAWBA COUNTYM ENTAL HEALT	8931	13	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
		8932	8	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	24	34	137
							103
		11	5	CLIENT NOT ELIGIBLE ON SERVICE DATE			
3404913	MECKLENBURG COM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404916	CROSSROADS BEHA VIOBAL HEAL	8517	232	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8518	152	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	1	547	7162	6615
		8599	100	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM AN SERVICES	8599	289	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	245	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IFRS.	272	863	3254	2391
		937	156	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE				
3404918	ROCKINGHAM CO M ENTAL HEALT	8599	41	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	33	CLIENT NOT ELIGIBLE ON SERVICE DATE	22	121	870	749
		8935	15	ASTNC INELIGIBLE TO RECEIVE SERVICES IN IFRS.				
3404919	GUILFORD CO MEN TAL HEALTHC	8517	444	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	179	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	57	923	2824	1901
		8518	148	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404920	ALAMANCE CASHEL L AREA MH D	8599	567	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	48	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME	44	812	11399	10587
		8505	43	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
3404921	ORANGE PERSON C HATHAM AREA	9312	920	PRIOR AUTHORIZED DOLLARS EXCEEDED				
		21	557	DUPLICATE OF CLAIM-SYSTEM	41	1767	4936	3169
		8599	124	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENTER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404923	UGFW AREA AUTHORITY	8599	745	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		9404	95	SEVERE DUPLICATE: SAME ATTD PRV/PCODE/TOS/DOS/MOD	0	945	2149	1204
		11	81	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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3404925	SANDHILLS CENTE R FOR MH/DD	8599	677	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	252	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	152	1792	11266	9474
		120	215	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404926	SOUTHEASTERN RE G MENTAL HL	11	132	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	97	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	63	678	3036	2358
		23	82	SERVICE REQUIRES PRIOR APPROVA L				
3404927	CUMBERLAND CO M HC	8505	133	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	130	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	537	1644	1106
		27	93	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404929	LEE HARNETT MH/ DD/SAS	11	86	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	20	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	120	1458	1338
		191	8	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8952	4	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION	3	12	806	794
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	11	294	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		23	3	SERVICE REQUIRES PRIOR APPROVA L	0	301	327	26
		143	3	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	59	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	26	240	2736	2496
		11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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3404934	ONSLOW COUNTY B BEHAVIORAL H	120	21	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	65	505	440
		11	13	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M MENTAL HEALT	8931	20	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		21	19	DUPLICATE OF CLAIM-SYSTEM	28	68	4117	4049
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404937	EDGEcombe NASH MENTAL HLTH C	8517	1469	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		21	35	DUPLICATE OF CLAIM-SYSTEM	7	1536	4907	3371
		191	10	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404938	VGFWM DBA RIVERS TONE COUNSEL	11	21	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		24	16	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	3	47	345	298
		5404	3	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	92	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	41	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	9	245	5137	4892
		27	22	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404941	PITT CO MH/DD/S AS CENTER	11	315	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	61	DUPLICATE OF CLAIM-SYSTEM	29	484	1356	872
		8599	56	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404942	RGANOKE CHOMANH UMAN SERVIC	8932	5	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		3404	5	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	10	23	954	931
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		537	14	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	18	88	642	554
		8599	12	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HOMA N SERVICES	8621	111	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8599	101	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	52	358	3132	2774
		21	45	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREAM ENTAL HEALT	11	463	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	463	463	0
3404957	TIDELAND MENTAL HEALTH CTR	8622	30	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		537	23	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	9	90	455	365
		8599	13	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404959	DAVIDSON CO MEN TAL HLTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREAM H/DD/SA PRO	8599	137	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	132	CLIENT NOT ELIGIBLE ON SERVICE DATE	123	461	4489	4028
		8931	111	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				